

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09781182
APPLICANT(S)

FILING DATE
02/12/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						1
2		1		1			52						1
3		1		1			53						1
4		1		1			54						1
5		1		1			55						1
6		1		1			56						1
7		1		1			57						1
8		1		1			58						1
9		1		1			59				1		
10		1		1			60						1
11		1		1			61						1
12		1		1			62						1
13		1		1			63						1
14		1		1			64						1
15		1		1			65						1
16		1		1			66						1
17		1		1			67						
18	1		1				68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24	1		1				74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35		1		1			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39		1		1			89						
40		1		1			90						
41		1		1			91						
42		1		1			92						
43		1		1			93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49		1		1			99						
50		1		1			100						
TOTAL IND.	3		4				TOTAL IND.					2	
TOTAL DEP.	22		34				TOTAL DEP.					26	
TOTAL CLAIMS	25		38				TOTAL CLAIMS					35	